

Davidson College, Davidson, NC; Dr. David H. Shinn, Former U.S. Ambassador to Ethiopia and Special, Coordinator for Somalia, Washington, DC; and Mr. Robert MacPherson, Emergency Group Assistance Director, CARE, Atlanta, GA.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### COMMITTEE ON THE JUDICIARY

Mr. REID. I ask unanimous consent that the Committee on the Judiciary be authorized to meet to conduct a hearing on "Accountability Issues: Lessons Learned From Enron's Fall" on Wednesday, February 6, 2002, at 10 a.m., in Dirksen room 226.

Witness List: The Honorable Christine O. Gregoire, Attorney General of Washington State, Olympia, WA; Mr. Bruce Raynor, President, Union of Needletrades, Industrial and Textile Employees (UNITE), New York City, NY; Steven Schatz Esq., Wilson, Sonsini, Goodrich & Rosati Professional Corporation, Palo Alto, CA; Professor Nelson Lund, George Mason University School of Law, Arlington, VA; and Professor Susan P. Koniak, Boston University School of Law, Boston, MA.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### SPECIAL COMMITTEE ON AGING

Mr. REID. Mr. President, I ask unanimous consent that the Special Committee on Aging be authorized to meet on Wednesday, February 6, 2002, from 9:30 a.m.–12 p.m., in Dirksen 106 for the purpose of conducting a hearing.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### SELECT COMMITTEE ON INTELLIGENCE

Mr. REID. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on Wednesday, February 6, 2002, at 10 a.m., to hold an open hearing and at 2:30 p.m., to hold a closed hearing on the World Threat.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### SUBCOMMITTEE ON AGING

Mr. REID. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions, Subcommittee on Aging and the Special Committee on Aging be authorized to meet for a joint hearing on Women and Aging: Bearing the Burden of Long-Term Care during the session of the Senate on Wednesday, February 6, 2002, at 9:30 a.m., in SD-106.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### PRIVILEGE OF THE FLOOR

Mr. BOND. Mr. President, I ask unanimous consent that the privilege of the floor be granted to Tom Stapleton, a fellow on my staff, for the pendency of this bill.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### FAIRNESS FOR FOSTER CARE FAMILIES ACT OF 2001

Mr. REID. Madam President, I ask unanimous consent the Senate proceed to the consideration of Calendar No. 70, H.R. 586.

The PRESIDING OFFICER. The clerk will report the bill by title.

The legislative clerk read as follows:

A bill (H.R. 586) to amend the Internal Revenue Code of 1986 to provide that the exclusion from gross income for foster care payments shall also apply to payments by qualified placement agencies, and for other purposes.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. I understand Senator LANDRIEU has an amendment at the desk. I ask for its immediate consideration.

The amendment is as follows:

At the appropriate place, insert the following:

#### SEC. . ACCELERATION OF EFFECTIVE DATE FOR EXPANSION OF ADOPTION TAX CREDIT AND ADOPTION ASSISTANCE PROGRAMS.

Subsection (g) of section 202 of the Economic Growth and Tax Relief Reconciliation Act of 2001 is amended to read as follows:

"(g) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2001."

Mr. REID. I ask unanimous consent the amendment be agreed to, the motion to reconsider be laid on the table, the bill, as amended, be read the third time, passed, the motion to reconsider be laid on the table without any intervening action or debate, and any statements relating thereto be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2823) was agreed to.

The bill (H.R. 586), as amended, was read the third time and passed.

#### STROKE TREATMENT AND ONGOING PREVENTION ACT OF 2001

Mr. REID. I ask unanimous consent the Senate proceed to Calendar No. 222, S. 1274.

The PRESIDING OFFICER. The clerk will report the bill by title.

The assistant legislative clerk read as follows:

A bill (S. 1274) to amend the Public Health Service Act to provide programs for the prevention, treatment, and rehabilitation of stroke.

There being no objection, the Senate proceeded to consider the bill.

Mr. REID. Senators KENNEDY and FRIST have a technical amendment at the desk. I ask unanimous consent the amendment be considered and agreed to, and the motion to reconsider be laid upon the table; that the bill, as amended, be read a third time, passed, the motion to reconsider be laid on the table, and any statements relating thereto be printed in the RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

The amendment (No. 2824) was agreed to, as follows:

(Purpose: To make certain technical corrections)

On page 12, line 24, strike "paragraph (1)(E)" and insert "paragraph (1)(D)".

On page 13, line 1, strike "paragraphs" and all that follows through "2823(a)" on line 2, and insert "paragraph (2) of section 2823(b)"

On page 18, line 14, strike "(b)" and insert "(c)".

On page 20, line 12, strike "(c)" and insert "(d)".

The bill (S. 1274), as amended, was read the third time and passed, as follows:

S. 1274

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

#### SECTION 1. SHORT TITLE.

This Act may be cited as the "Stroke Treatment and Ongoing Prevention Act of 2002".

#### SEC. 2. FINDINGS AND GOAL.

(a) FINDINGS.—Congress makes the following findings:

(1) Stroke is the third leading cause of death in the United States. Each year over 750,000 Americans suffer a new or recurrent stroke and 160,000 Americans die from stroke.

(2) Stroke costs the United States \$28,000,000,000 in direct costs and \$17,400,000,000 in indirect costs, each year.

(3) Stroke is one of the leading causes of adult disability in the United States. Between 15 percent and 30 percent of stroke survivors are permanently disabled. Presently, there are 4,400,000 stroke survivors living in the United States.

(4) Members of the general public have difficulty recognizing the symptoms of stroke and are unaware that stroke is a medical emergency. Fifty-eight percent of all stroke patients wait 24 hours or more before presenting at the emergency room. Forty-two percent of individuals over the age of 50 do not recognize numbness or paralysis in the face, arm, or leg as a sign of stroke and 17 percent of them cannot name a single stroke symptom.

(5) Recent advances in stroke treatment can significantly improve the outcome for stroke patients, but these therapies must be administered properly and promptly. Only 3 percent of stroke patients who are candidates for acute stroke intravenous thrombolytic drug therapy receive the appropriate medication.

(6) New technologies, therapies, and diagnostic approaches are currently being developed that will extend the therapeutic time-frame and result in greater treatment efficacy for stroke patients.

(7) Few States and communities have developed and implemented stroke awareness programs, prevention programs, or comprehensive stroke care systems.

(8) The degree of disability resulting from stroke can be reduced substantially by educating the general public about stroke and by improving the systems for the provision of stroke care in the United States.

(b) GOAL.—It is the goal of this Act to improve the provision of stroke care in every State and territory and in the District of Columbia, and to increase public awareness about the prevention, detection, and treatment of stroke.

#### SEC. 3. SYSTEMS FOR STROKE PREVENTION, TREATMENT, AND REHABILITATION.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following: